

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/16/2012	
NAME OF PROVIDER OR SUPPLIER ROBERT E LEE				STREET ADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00119200.</p> <p>Complaint IN00119200 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: November 15 and 16, 2012</p> <p>Facility number: 001145 Provider number: 155616 AIM number: 200120200</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF/NF: 61 Residential: 24 Total: 85</p> <p>Census payor type: Medicare: 11 Medicaid: 43 Other: 31 Total: 85</p> <p>Sample: 4</p> <p>This deficiency reflects a state finding cited in accordance with 410 IAC 16.2.</p>			F0000	<p>PREPARATION AND/ OR EXECUTION OF THIS PLAN OF CORRECTION IN GENERAL OR THIS CORRECTIVE ACTION IN PARTICULAR, DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THIS FACILITY OF THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THIS STATEMENT OF DEFICIENCIES. The plan of correction and specific corrective actions are prepared and/ or executed in compliance with state and federal laws. The facility is requesting a Desk Review of compliance for this plan of correction.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	Quality review completed on November 19,2012 by Bev Faulkner, RN						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure the resident at risk for choking was supervised as planned during dining. The facility also failed to ensure the suction machine was available as planned for use in an emergency. The deficient practice affected 1 of 1 residents reviewed related to swallowing in a sample of 4 residents. (Resident A)</p> <p>Findings include:</p> <p>1. On 11/16/12 at 12:55 p.m., residents, including Resident A, were observed still seated at tables with table service and/or glassware at their places in the dining room on the 1-2-3 Hall. No staff were in the dining room. Resident A was seated in a high backed wheel chair with bowls of pureed foods in front of her on the table. No honey thick liquids were at her place. The resident was observed spooning a white pureed food piled high on the spoon into her mouth.</p> <p>During interview on 11/16/12 at 1:00</p>		F0323	<p>Resident A had no adverse effects related to the deficient practice stated. A. ACTIONS TAKEN: 1. A complete review of resident A's diet restrictions and personal wishes were reviewed by the MD, IDT members and the resident. 2. A new plan of care was developed related to Resident A's diet and a waiver signed to support resident A's preferences related to her diet. 3. A small spoon was provided to assist resident A with portion control during meal times. 4. The suction machines were placed on the crash cart immediately. B. OTHERS IDENTIFIED: 1. All other residents have the potential to be affected. 2. All residents were reviewed for special dining supervision care plans, no other residents were affected. C. MEASURES TAKEN: 1. A nurse will be present in the dining room during all meal times to ensure appropriate supervision. 2. A revision of the crash cart log was completed to ensure a suction machine will be available with easy access at all times. 3. All nursing staff in-service completed by DON/ designee by 11/20/2012 on the importance of following</p>		11/29/2012	

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	<p>p.m., at the nurse's station across the hallway from the 1-2-3 Hall dining room, the MDS Coordinator indicated Resident A had a diagnosis of dysphagia (difficulty swallowing) and recently had a swallowing study.</p> <p>On 11/16/12 at 1:05 p.m., in the dining room on the 1-2-3 Hall, Resident A was observed spooning part of a spoonful of a green pureed food piled high on the spoon into her mouth. No staff were in the dining room. Resident A then spooned a spoonful of white pureed food piled high on the spoon into her mouth. LPN #5 entered the dining room, and without interacting with Resident A, wheeled another resident in her wheel chair out of the dining room. Staff passed up and down the halls next to the dining room, but did not look into the dining room. On 11/16/12 at 1:09 p.m., CNA #8 entered the dining room and was seated next to Resident A. CNA #8 stated, "[Name of Resident A]," as Resident A raised a spoonful of pureed food at least one inch high toward her mouth. During interview at this time, CNA #8 indicated the substance in the resident's glass is mixed with chocolate pudding because that is the way the resident likes it. The substance in the glass appeared the consistency of pudding.</p>		<p>resident care plans related to meal times and providing appropriate assistance and supervision.4. All nursing staff in-service completed by DON/ designee by 11/20/2012 on the correct monitoring system to ensure a suction machine was located on the crash cart and within easy access and the importance of this practice. D. HOW MONITORED: 1. To ensure compliance, the DON/ designee will audit random meal times to ensure appropriate supervision occurs. Daily x 2 weeks, Weekly x 2 weeks, Monthly x2 months then quarterly. Any areas of concern will be addressed immediately. The audits will be reviewed during the monthly QA meeting to assure compliance and/or the need for further education/policy revision. 2. The DON/ designee will monitor the crash cart to ensure the suction machines are available. Daily X 2 weeks, Weekly X 2 weeks, Monthly X 2 months then quarterly. Any areas of concern will be addressed immediately. The audits will be reviewed during the monthly QA meeting to assure compliance and / or the need for further education/ policy revision. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, our date of completion is: 11/29/2012.</p>				

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	<p>The clinical record for Resident A was reviewed on 11/16/12 at 1:20 p.m.</p> <p>Physician's Orders for November 2012 included, but were not limited to, "...Food in bowls, teaspoons for liquids, follow eating guidelines as recommended by SLP [Speech Language Pathologist]. Resident to have pureed diet HTL [honey thick liquid]....Repeat swallow 2 - 3 times/bite, alternate liquids after 2-3 bites. Monitor for aspiration...."</p> <p>Interdisciplinary Progress Notes, dated 8/17/12 at 10:00 a.m., indicated, "IDT [Interdisciplinary Team] meeting. Met [with] [name of resident]. OT [Occupational Therapist] reviewed findings of FEES [Fiberoptic Endoscopic Evaluation of Swallowing] study that was completed 8/16/12. Explained outcomes of test, consistency of diet to change to mechanical soft & NTL [nectar thick liquid] d/t [due to] choking risk &/or aspiration. IDT reviewed options & techniques to prevent aspiration...."</p> <p>Dietary Progress Notes, dated 8/28/12, indicated, "...Diet initially [symbol for changed] to mech [mechanical] soft [with] HTL [sic]; then [symbol for changed] to pureed [symbol for with] HTL...."</p>						

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	<p>Nurse's Notes, dated 10/5/12 at 10:35 a.m., indicated, "...conts [continues] eating meals in dining room, spoon fed per staff, conts [with] small bites [with] HTL to clear palette, chin tuck encouraged, did cough @ times [with] breakfast meal, able to clear cough successfully...."</p> <p>The Registered Dietitian's Quarterly Nutritional Progress Note, dated 11/13/12, indicated, "...remind 'chin tuck' OT ordered 11/8/12. Some coughing noted @ breakfast per 11/12/12 NN [Nurse's Notes]...needs to be reminded to eat her snacks in HCDR [Health Care Dining Room] for supervision...."</p> <p>The Care Plan, dated 8/17/12, and updated most recently on 11/15/12, indicated, "Problem: Risk for Choking R/T [related to]...Other: abnormal FEES test on 8/16/12; abnormal body tone, positioning & hyperextension. Goal: Resident will not choke on food ingested." Interventions included, but were not limited to, "...Monitor resident closely at meal times for indications of choking...SLP recommendations for eating techniques - see attached...." The attached "Safe Swallowing Strategies," dated 8/17/12, included, but were not limited to, "...Chin tucked slightly down...Take small mouthfuls/sips. Drink</p>						

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	<p>HTL [with] tsp [teaspoon]. Alternate mouthfuls of food and drink. Allow 1 [sic] swallows per mouthful. Listen to the voice - if it sounds "wet", cough and clear the throat then swallow again. Stop eating if there is ongoing coughing, choking, gurgly voice or pooling of food in the mouth. Take frequent pauses during the meal. Check that the mouth and cheeks are free from food after eating...."</p> <p>The CNA Assignment Sheet for Hall 1-2-3 was provided by the Director of Nursing at the end of the Initial Tour on 11/15/12 at 1:05 p.m., indicated in "Special Needs" for Resident A: "...see attach feeding instructions...." No feeding instructions were attached to the assignment.</p> <p>During interview on 11/16/12 at 3:30 p.m., the Director of Nursing indicated she had no information to indicate changes in the resident's orders or the care plan related to supervision of Resident A during meals.</p> <p>2. On 11/16/12 at 2:30 p.m., LPN #13 was at the nurse's station for the 1-2-3 Hall. LPN #13 was interviewed at this time in regard to the location of the suction machine for residents on the hall. LPN #13 indicated the suction machine</p>						

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	<p>was located on the crash cart kept in the Employee Break Room adjacent to the nurse's station area. The crash cart was observed at this time, and no suction machine was on the cart. LPN #13 indicated the suction machine might be in the Medication Room. LPN #13 indicated she did not have the keys to the Medication Room, since she was just coming on duty for the evening shift.</p> <p>On 11/16/12 at 2:35 p.m., LPN #5, the day shift nurse arrived at the nurse's station and was interviewed. She indicated the suction machine was kept on the crash cart. LPN #13 indicated, "We already looked there." LPN #5 unlocked and entered the Medication Room adjacent to the nurse's station and located a suction machine. LPN #5 took the suction machine toward the Break Room, indicating she would place it on the crash cart.</p> <p>3.1-45(a)(2)</p>						